

<b>ELECTION AND POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/566,230, US National Phase of PCT/EP2004/007800
	<b>Filing Date</b>	July 14, 2004 [International Date]
	<b>First Named Inventor</b>	Tareq Ali Abdulla Hasson
	<b>Title</b>	METHOD FOR PRODUCING SHAPE MEMORY EFFECTS IN HAIR IN CONNECTION WITH HYDROPHOBIC ACTIVE INGREDIENTS
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	670101.401USPC

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners at Seed IP Law Group PLLC, Customer Number: 00500

**OR**

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above (and any continuation/divisional applications therefrom), and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

**OR**

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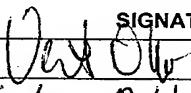
**OR**

<input type="checkbox"/> Firm or Individual Name			
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I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*  
 As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	19 Mai 06
Name	Veit Otto		
Title and Company (Assignee)	Managing Director		
	Mnemoscience GmbH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.